Name in Full | Certificate of Death

Harriet Baton

Town | County

Died at Frederick Frederick MARYLAND

Date 189 9 | Month April | Day 2 | Age Y. 60 M. D. | Native of Frederick | Occupation Domestic

~~Male~~ | ~~White~~ | ~~Married~~ | Widow | Divorced

Female | Colored | Single | Widower | Number of children living None

Husband / Wife of Unknown

Father's Name Nicholas Mathews | Mother's Name Mary Chase

Cause of Death: Primary Gastritis 81 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by K F Smith

Address 40 East 2d St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 68968

Name in Full: Carrie D. Beitler

Certificate of Death

Died at Town: Loys- County: Frederick MARYLAND

Date 189 Month: Apr Day: 2 | Age Y.: — M.: 1. D.: 20 | Nativity of: Md. | Occupation: Infant

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced | Number of children living: —

Husband / Wife of

Father's Name: Harry Beitler

Mother's Name: Mollie Hape

Cause of Death — Primary: Broncho-Pneumonia — How long sick: 4 days

Immediate: Convulsions 71 — ~~Accident, Suicide~~, Homicide

Reported by: Chas. N. Dieter

Address: D. D. Creek Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

× Biser

Died at Town Frederick County Frederick MARYLAND

Date 1899 Month Apr. Day 18 | Age Y. × M. 10 D. — | Native of Md. | Occupation p

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of Wife +

Father's Name Melville Biser - | Mother's Name × Biser -

Cause of Death: Primary Erythema 39a | How long sick 2 wks -

Immediate Meningitis (Acute) | ~~Accident, Suicide, Homicide~~

Reported by Franklin Buchanan Smith

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU #5969

Name in Full

Certificate of Death

Caroline Bittle

Died at Town hen home County Fred.k MARYLAND

Date 1899 Month 4th Day 26 Age Y. 67 M. yr D. 12 Native of Myersville Occupation

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living two

Husband of Wife Wife of John H Bittle

Father's Name John Groossnickle Mother's Name

Cause of Death Primary Paralized 44 How long sick 9 years

Immediate ~~Accident, Suicide, Homicide~~

Reported by Cyrus Routzahn

Address Myersville Fred Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70[illegible]

Attended by Dr. Ralph Browning
of Myersville, Md.

Seen by Coroner
of

Information contained in this certificate received from Cyrus Routzahn
of Myersville Md
Coroner

Name in Full: Ruth Botler

Certificate of Death

Died at: Town: Frederick — County: Frederick — MARYLAND

Date 1899 — Month: April — Day: 2

Age — Y. — M. 2 — D.

Native of: Frederick

Occupation

Male — White — Married — Widow — Divorced

Female — Colored — Single — Widower — Number of children living

Husband / Wife of

Father's Name: Augustus Botler

Mother's Name: 137

Cause of Death — Primary: Spina bifida

Immediate: Convulsions

How long sick: 2 months

Accident, Suicide, Homicide

Reported by: F F Smith

Address: 40 East 2d St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Hiram Brown

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 1899 Month 4 Day 17 Age Y. 28 M. x D. x Native of Frederick Occupation Waiter

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~ md.

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Influenza 9

Immediate Congestion of Lungs

How long sick 3 days

~~Accident, Suicide, Homicide~~

Reported by W. A. Long

Address 405 S. Market Street

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

C. C. Carly Jr

Green Mount Cemetery

Name in Full: Mary Ann Buckler

Certificate of Death

Died at — Town: Frederick — County: Frederick — MARYLAND

Date 1899 — Month: 4 — Day: 29 — Age: Y. 84 — M. 1 — D. — Native of: Shepherdstown Va — Occupation: Housewife

~~Male~~ — White — ~~Married~~ — Widow — ~~Divorced~~

Female — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living: 3

Husband / Wife of: X

Father's Name: X — Mother's Name: X

Cause of Death — Primary: Old Age — 87 — How long sick: 4 Days

Immediate: Inflam. Bowels — Accident, Suicide, Homicide

Reported by: Wm. H. Baltzele M.D.

Address: Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Name in Full William Carmack.

Certificate of Death

Died at Town Woodsboro County Frederick MARYLAND

Date 1899 Month 4. Day 22 | Age Y. 79. M. 1 D. 22 | Native of Md. | Occupation Retired

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~ None

~~Husband~~ ~~Wife~~ of

Father's Name Don't know

Mother's Name Don't know

Cause of Death: Primary 141 | How long sick 4 months.

Immediate General debility | Accident, Suicide, Homicide

Reported by D. A. Shanetts.

Address Woodsboro Frederick Co, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. R. L. Hammond
of Woodsboro. Md.

Seen by Coroner _____
of _____

Information contained in this certificate ...
ceived from D. A. Shardt - undertaker
of Woodsboro. Md.

Name in Full David Carter

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 189 9 Month 4 Day 4 Age Y. 51 M. D. Native of Occupation Laborer

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary Angina Pectoris 58 How long sick

Immediate ~~Accident, Suicide, Homicide~~

Reported by Dr Wm Crawford Johnson

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name In Full

Abbie Colbert—

Certificate of Death

Died at Town Brunswick County Frederick MARYLAND

Date 189 9 Month Apr Day 1 | Age Y. 5 M. 8 D. | Native of Md | Occupation Home work

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ Number of children living 2

~~Husband~~ ~~wife~~ of Sandy Colbert 256

Father's Name James Brooks Mother's Name Drusilla Hager

Cause of Death: Primary Cancer of cardiac orifice of stomach (?) How long sick

Immediate Effusion from inability to swallow food. and hemorrhage ~~Accident, Suicide, Homicide~~

Reported by Levin Frey

Address Brunswick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76168

Record 4 299
6.30 Pm.

Name In Full Mary Cooper

Certificate of Death

Died at Town Brunswick County Frederick MARYLAND

Date 189 9 Month Apr. Day 8

Age Y. 3 M. 4 D. 10

Native of Md

Occupation chier

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

~~Widow~~ Widower

~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name Chas L. Cooper

Mother's Name Elizabeth Leopold

Cause of Death: Primary Acute Meningitis 390

How long sick 3 days

Immediate Convulsions

~~Accident, Suicide, Homicide~~

Reported by Wm Nesh.

Address Brunswick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70008

Received 4, 18. 99.
11.18 a m

Name in Full

Certificate of Death

Infant of Mollie Crouse

Died at Town: Frederick County: Frederick MARYLAND

Date 1899 Month: 4 Day: 29 | Age Y. x M. x D. 1 | Native of Frederick | Occupation x

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower ~~Number of children living~~

Husband / Wife of x x x

Father's Name x

Mother's Name Mollie Crouse

Cause of Death: Primary 49 How long sick 1 day

Immediate Convulsions Accident, Suicide, Homicide

Reported by W. A. Long M.D.

Address 451 S. Market Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Certificate of Death

Mildred M Deiter

Died at Town Frederick County Frederick MARYLAND

Date 1899 Month Apr Day 27 Age Y. 4 M. 2 D. 9 Native of Frederick Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of —

Father's Name Harry Deiter Mother's Name Lizzie Deiter

Cause of Death Primary Cerebral Typhoid / Immediate Convulsion

How long sick 12 days

~~Accident, Suicide, Homicide~~

Reported by Labruck M D.

Address 17 E 2nd St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. [signature]

LIBRARY BUREAU, 65968

Burial Apr 29th
at Mt Pleasant Cem
A. T. Rice & Sons

Name in Full

Levi M. Dixon

Certificate of Death

Died at Town: Frederick County: " MARYLAND

Date 189 9 Month: 4 Day: 15 | Age Y. 41 M. D. | Native of Scotland | Occupation Carpet Weaver

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 2

Husband / Wife of Elena Dixon

Father's Name ✓

Mother's Name 157 ✓

Cause of Death — Primary: Found Dead in Yard — How long sick

Immediate: Paralysis of Heart — Accident, Suicide, Homicide

Reported by C. T. Fordney M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full — Certificate of Death

John Eoderly

Died at — Town: Frederick — County: Frederick — MARYLAND

Date 189 — Month: Nov — Day: 24 — Age: Y. 1 M. 1 D. — Native of: Md — Occupation

Male / ~~Female~~ — White / ~~Colored~~ — Married / Single / Widow / Widower / Divorced — Number of children living

Husband of Wife

Father's Name — Mother's Name

39 a

Cause of Death — Primary: Meningitis — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Jno J McSherry

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Jeremiah Eyles.

Died at Town: Pleasant Hill County: Fremont Co MARYLAND

Date 189 Month: 4. Day: 18 | Age Y.: 70 M.: 8 D.: 14 | Native of: Md. | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ Number of children living: 5 sons

~~Husband of~~ Wife: Harriet Eyles

Father's Name: Dont know | Mother's Name: Dont know

Cause of Death — Primary: 44 | How long sick: 1 week.

Immediate: Paralysis | Accident, Suicide, Homicide

Reported by: D. A. Shanks Undertaker.

Address: Rockville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Attended by Dr. R. L. Hammond.
of Woodsboro. Md.

Seen by Coroner
of

Information contained in this certificate received from D. A. Sharetts' Undertaker
of Woodsboro. Md.

Name in Full | Certificate of Death

Okey Francis Fletcher

Died at Town: Oliver | County: Frederick | MARYLAND

Date 189 9 | Month: 4 | Day: 18 | Age: Y. M. D. 1 | Native of: American | Occupation: none

Male | ~~White~~ | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | Colored | Single | ~~Widower~~ | ~~Number of children living~~

Husband of Wife

Father's Name: William F. Fletcher | Mother's Name: Hattie Henderson

Cause of Death: Primary: Pneumonia 72 | How long sick: Dont-Know

Immediate | ~~Accident, Suicide, Homicide~~

Reported by: A. G. Horine. M.D., Information given

Address: Brunswick, Md. to me by undertaker. I did not attend child

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Eleanor Fowler

Certificate of Death

Died at Town Frederick County Fredk MARYLAND

Date 1899 Month 4 Day 24 Age Y. 82 M. 8 D. Native of Md Occupation H

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name John Fowler

Mother's Name Matilda Barber

Cause of Death Primary Old age 141 How long sick [illegible]

Immediate Accident, Suicide, Homicide

Reported by Dr Wm Crawford Johnson

Address Fredk Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name In Full

Singleton E Fox

Certificate of Death

Died at Town: McKaig (PO) County: Indiana MARYLAND

Date 189 9 Month: 4 Day: 12 | Age Y. 56 M. -3- D. -6- | Native of Indiana | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widower ~~Widow~~ ~~Divorced~~ | ~~Number of children living~~ 3 children

Husband ~~Wife~~ of Elizabeth Bruegle

Father's Name Jno Fox

Mother's Name Julia Ann Fox

Cause of Death: Primary Consumption 220 — How long sick 1 year

Immediate — Accident, Suicide, Homicide

Reported by ~~Mr Mercer~~ C. C. Early - JP

Address ~~McKaig PO~~ Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73888

Attended by Dr. Dr Stone

of Mt Pleasant

Seen by Coroner

of

Information contained in this certificate received from Family

of of Singleton Tx

Name in Full

Certificate of Death

Miss Jesse. Hauer.

Died at Town Frederick County Do — MARYLAND

Date 1899 Month X Day 28 Age Y. 30 M. 2 D. — Native of U S Occupation X

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife X

Father's Name Geo N Hauer Mother's Name Lucretia L.

Cause of Death Primary Acute Indigestion 80 How long sick Do not know

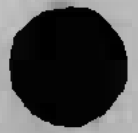
Immediate Paralysis Heart — ~~Accident, Suicide, Homicide~~

Reported by Franklin Buchanan Inmut

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068



Name in Full | Certificate of Death

Levi Christian Harbaugh

Died at Town: Creagerstown County: Frederick MARYLAND

Date 1899 Month: April Day: 24 | Age Y. M. D.: about 48 yrs | Native of: Maryland | Occupation: Carpenter

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 5

Husband ~~Wife~~ of Minerva A. Miller

Father's Name: Christian Harbaugh | Mother's Name: Mary Firor

Cause of Death: Primary: Indigestion 81 | How long sick: 2 days

Immediate: Heart failure | ~~Accident, Suicide, Homicide~~

Reported by: John D. S. Young M. D.

Address: Creagerstown Fred. Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

J. D. S. Young
Creagerstown

Seen by Coroner _____

of _____

Information contained in this certificate received from Lewis Miller Brotherinlaw of Deceased
of Creagerstown

Name in Full | Certificate of Death

George H. Harmann.

Died at Town: Frederick | County: Frederick | MARYLAND

Date 1899 | Month: 4 | Day: 3 | Age Y.: 61 | M.: - | D.: — | Native of: Germany | Occupation: Glen Maker

Male | White | Married | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | Number of children living: Nine

Husband ~~Wife~~ of Emma Harmann

Father's Name: Geo Harmann | Mother's Name: 76

Cause of Death: Primary: Bronchial Asthma | How long sick: 5 or 6 yrs.

Immediate: Hypertrophy of the heart | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: H. F. Getzendannerhow

Address: Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

G. Schroeder

Mt. Olivet Cemetery

April 6/99

Name in Full Raymond F. Harrisson

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 1899 Month 4 Day 4 Age Y. 1 M. 4 D. – Native of Md Occupation ——

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of Wife ——

Father's Name —— Mother's Name ——

22a

Cause of Death Primary Tuberculosis Pulmon. How long sick two months

Immediate ——

~~Accident, Suicide, Homicide~~

Reported by Dr Wm Crawford Thurson

Address Fredk Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Orpha. V. Harshman..

Died at Town Wolfsville County Frederick MARYLAND

Date 1899 Month 4 Day 22 Age Y. 16 M. 6 D. 24 Native of Md Occupation Doing house

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Cornelius Harshman Mother's Name Clara Harshman

Cause of Death ~~Primary~~ 1526 ~~How long sick~~

Immediate from Pistol wound in or [illegible] brain

~~Accident, Suicide~~, Homicide

Reported by James. A. Grove

Address Wolfsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79[illegible]

Attended by Dr. Lewis Lomax
of Wolfsville Md

Seen by Coroner L. H. Warrenfeltz J.P. acting as Coroner
of Wolfsville Md.

Information contained in this certific[illegible]
ceived from Mother of deceased & Coroner
of Wolfsville Md.

Name In Full Joshua Hering

Certificate of Death

Died at Town near Thurmont County Frederick MARYLAND

Date 1899 Month 4 Day 28 Age Y. 92 M. D. Native of Occupation

Male ~~Female~~ White Colored Married ~~Single~~ Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary Immediate 161 How long sick Accident, Suicide, Homicide

Reported by American Sentinel

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full

Certificate of Death

Elias Holenberry

Died at Town: near Emmitsburg County: Frederick MARYLAND

Date 189 9 Month: 4 Day: 23 | Age Y. 74 M. 2 D. 23 | Native of Maryland | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 8

Husband of
Wife

Father's Name: Mathias Holenberry

Mother's Name: don't Known

Cause of Death — Primary: Paralysis 44 — How long sick: 2 weeks

Immediate: " — Accident, Suicide, Homicide

Reported by: M. F. Shuff Undertaker

Address: Emmitsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

James W Eichelberger
Emmitsburg Md

Seen by Coroner

of

Name In Full

Mrs. Mary Ellen Stone

Certificate of Death

Died at Town Frederick County MARYLAND

Date 1899 Month April Day 29 | Age Y. 72 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living 8

~~Husband~~ Wife of Martin Stone

Father's Name

Mother's Name

Cause of Death — Primary: Paralysis 42 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Frederick-Herald

Address June 2nd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70 [illegible] B

Name in Full | Certificate of Death

Michael Pinkney Johnson

Died at Town: Olive PO | County: Fredk | MARYLAND

Date 1899 Month 4 Day 5 | Age Y. 16 M. 4 D. | Native of Md | Occupation Laborer

Male ~~White~~ ~~Married~~ Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name Lawson Johnson | Mother's Name Eliza Gordon

Cause of Death: Primary | Immediate Consumption 22a | How long sick 9 weeks

Accident, Suicide, Homicide

Reported by [illegible]

Address

OVER

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. Samuel Claggett

of _____

Information contained in this certificate received from _____

of _____

Seen by Coroner _____

of _____

OVER

Name In Full

Margaret Eakin

Certificate of Death

Died at Town: Brunswick County: Frederick MARYLAND

Date 189 9 Month: apr Day: 6

Age Y. 6 M. 8 D.

Native of Md

Occupation — —

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

~~Widow~~ Widower

~~Divorced~~ ~~Number of children living~~

~~Husband~~ Wife of

Father's Name: Chas Edward Eakin

Mother's Name: Sarah Elizabeth Corey

Cause of Death: Primary: Erysipelas 125 How long sick: 2 weeks

Immediate: "

~~Accident, Suicide, Homicide~~

Reported by Leon Bell

Address Brunswick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79818

Received 4.7.99

7.30 P.M

Name in Full: Blossom M. Lawson

Certificate of Death

Died at: Town: Frederick County: Frederick MARYLAND

Date 1899 Month: April Day: 2 | Age Y. M. D.: 5 7 | Native of: Maryland | Occupation: —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife: — — — — —

Father's Name: J. P. Lawson

Mother's Name: — Kinna

Cause of Death: Primary: Entero-Colitis 82

Immediate: Asthenia

How long sick: 9 days

~~Accident, Suicide, Homicide~~

Reported by: S. T. Hoffman, M.D.

Address: Frederick, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

over

LIBRARY BUREAU. 65968

Interment at Mt Olivet
April 3d 1899
A. F. Rice Wouis.

Name in Full — Violet E. Layman

Certificate of Death

Died at — Town: Harmony Grove — County: Frdk — MARYLAND

Date 189 9 — Month: 4 — Day: 21 — Age: Y. 2 M. 2 D. 6 — Native of: md — Occupation: x

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — Widow / Widower — ~~Divorced~~ — Number of children living: /

Husband / Wife of: /

Father's Name: Leonard Layman — Mother's Name: Baumgardner

Cause of Death — Primary: Measles 5 — How long sick: 10 days

Immediate: Pneumonia (double) — Accident, Suicide, Homicide

Reported by: Chas. F. Goodell. md

Address: Frederick, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66969

Name In Full Rev. Edward Lefever

Certificate of Death

Died at Town Emmittsburg County Frederick MARYLAND

Date 189 9 Month 4 Day 11 Age Y. 57 M. D. Native of Occupation

Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name 42

Cause of Death Primary Apoplexy of the brain How long sick

Immediate Accident, Suicide, Homicide

Reported by John B. Brawner M.D.

Address Emmittsburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Cora Long

Died at Brunswick (Town) Frederick (County) MARYLAND

Date 1899 Month Aug Day 2 | Age Y. 21 M. D. | Native of Ind | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | Divorced | Number of children living 2.

Husband of Wife Wm N Long

Father's Name Mr. Anderson | Mother's Name Louisa Phillips

Cause of Death — Primary: Tuberculosis of Lungs. | How long sick: 3 months

Immediate: 22a | ~~Accident, Suicide, Homicide~~

Reported by Kevin West

Address Brunswick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Received 4.3.99
7.20 a.m.

Name in Full — Certificate of Death

Annie Elizabeth McCormack

Died at Town: Brunswick — County: Frederick — MARYLAND

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
9	ap	28	63	5	12	N. J.	Housewife

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living 8

Husband of Wife: Jno. F. McCormack

Father's Name: James Daily — Mother's Name: Cecelia Dalgn

Cause of Death:

		How long sick
Primary	Neuralgia	18 hours
Immediate	Neuralgia of the Heart	66

~~Accident, Suicide, Homicide~~

Reported by: Lewis Wesk

Address: Brunswick Frederick Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79896

Received 4:29.94
6 30 PM

Name in Full — Certificate of Death

Sarah Jane McAbee

Died at — Town: Brunswick — County: Frederick — MARYLAND

Date 189 — Month: Jan — Day: 17 — Age: Y. 47 M. D. — Native of: Md — Occupation: Housework

~~Male~~ Female — White — Colored — ~~Married~~ Single — Widow — ~~Widower~~ — ~~Divorced~~ — Number of children living: five

Husband of Wife: Jno. M. McAbee

Father's Name: Adam Bassett — Mother's Name: Mary Ann Bassett

Cause of Death — Primary: Heart Failure (?) — How long sick: not sick

Immediate: found dead 15 minutes after being seen in good health — ~~Accident, Suicide, Homicide~~

Reported by: Levin Wisner — 1556

Address: Brunswick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Record 4.1894

1898 Ann

Name in Full | Certificate of Death

Mrs Nettie Martin

Died ~~at~~ Town: Near Woodville County: Frederick State — MARYLAND

Date 189 9 Month 4 Day 10 Age Y. 32 M. D. Native of Fred Co. Occupation H wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

Husband / Wife of William Martin

Father's Name Basil Runkles Mother's Name Ellen Runkles

Cause of Death: Primary Pneumonia 72 How long sick 14 days

Immediate Cardiac dropsy Accident, Suicide, Homicide

Reported by David M. Dewilbiss

Address Woodville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Almzo. Nathan Miller

Certificate of Death

Died at Town Peare P O County Frederick MARYLAND

Date 1899 Month 4 Day 18 Age Y. 15 M. D. Native of U. S. Occupation x

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife x

Father's Name Henry Miller Mother's Name Susan Miller

Cause of Death Primary Acute Articular Rheumatism How long sick 6 days

Immediate Endocarditis 26 ~~Accident, Suicide, Homicide~~

Reported by Franklin Buchanan Smith

Address Frederick, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Edward Lee Morgan

Died at Town near Wolfsville County Fred MARYLAND

Date 1899 Month April Day 22 Age Y. 26 M. 5 D. 8 Native of Md Occupation Mechanic

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

142 e

Father's Name James W Morgan Mother's Name Delila Recker

Cause of Death Primary Death by Pistol Shot How long sick

Immediate Suicide lived few Hours Accident, Suicide, Homicide

Reported by Coroner Luther Warrenfeltz

Address Wolfsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. Lewis Lamar
of Wolfsville

Seen by Coroner Linthon Warrenfeltz
of Wolfsville

Information contained in this certificate received from Cyrus Routzahn
of Myersville Md

Name in Full: Gerome Murphy

Certificate of Death

Dlad at — Town: Pearl Po — County: Inderick — MARYLAND

Data 189 9 — Month: 4 — Day: 28 — Aga: Y. — M. 7 — D. — Nativa of: Mdd Co — Occupation: —

Mala / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of: —

Father's Name: Edward Remsburg ~~W E Murphy~~

Mother's Nama: Lizzie Murphy

Cause of Death — ~~Primary~~: Illigitamet child — How long sick

Immediate: Pneumonia 72 — Accident, Suicide, Homicide

Reported by: C. C. Carty Undertaker

Address: Inderick Md

Must ba signed by physician, if any in attendance, otherwise by coroner, undertakar or minister.

OVER

LIBRARY BUREAU. 79898

Attended by Dr. Howard Hopkins

of New Market Md

Seen by Coroner

of

Information contained in this certificate received from Grandfather W E Murphy

of

Name in Full — Certificate of Death

Mary Ann Rhodenick

Died at — Town: Frederick — County: Frederick — MARYLAND

Date 189? — Month: 4 — Day: 12 — Age: Y. 87 M. 4 D. 4 — Native of: Md — Occupation: ———

~~Male~~ / Female — White / ~~Colored~~ — Married / Single — Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living: 6

Husband / Wife of: Malden Rhodenick

Father's Name: Henry Flook — Mother's Name: Hannah Cantt

Cause of Death — Primary: Softening of Brain 43 — Immediate: Debility — How long sick: 4 yrs

~~Accident, Suicide, Homicide~~

Reported by: Dr Wm. Crawford Johnson

Address: Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55050

Name in Full Eugene F. Riley — Certificate of Death

Died at Frederick (Town) Frederick (County) MARYLAND

Date 1899 Month April Day 26 | Age Y. 0 M. 0 D. 4 | Native of Frederick | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 1

Husband / Wife of —

Father's Name Louis C. Riley

Mother's Name Rose Riley

Cause of Death — Primary: Spina Bifida 137 — How long sick 4 days

Immediate: Spinal Paralysis

~~Accident, Suicide, Homicide~~

Reported by LaBrash

Address 17 E 2nd St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 85968

Name in Full — Certificate of Death

Infant of Josephine Smith

Died at — Town: Frederick — County: Frederick — MARYLAND

Date 189 9 — Month 4 — Day 12 | Age Y. + M. + D. ^ | Native of Frederick | Occupation × ^

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband / Wife of ~~×~~ × × ^

Father's Name × × × ×

Mother's Name Josephine Smith

Cause of Death — Primary / Immediate: Still Birth

How long sick

~~Accident, Suicide, Homicide~~

Reported by. N. A. Long M.D.

Address 418 S Market St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Mary Ann Smith

Died at Town: Near Bradock County: Frederick MARYLAND

Date 1899 Month 4 Day 26 | Age Y. 76 M. — D. — | Native of Md | Occupation

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ of Wife Elias Smith dec'd. 141

Father's Name Robert Smothers Mother's Name Polly Gain

Cause of Death: Primary General Debility & | How long sick about 4 months

Immediate Giving away of Entire System | Accident, Suicide, Homicide

Reported by Wm T Mock Undertaker

Address Middletown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. J. W. Getzendanner
of Middletown M.C.S.

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from members of family & M.C. certificate
of _____

Name in Full

Certificate of Death

Charles Stambaugh

Died at Town Rocky Ridge County Frederick MARYLAND

Date 1899 Month Apr Day 9 | Age Y. 1 M. 1 D. 14 | Native of Md- | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | Married / Single | Widow / Widower | Divorced / Number of children living

Husband / Wife of —

Father's Name Samuel Stambaugh | Mother's Name Clara Powell

Cause of Death — Primary: Capillary bronchitis & bronchio pneumonia | How long sick 5 days

Immediate | ~~Accident, Suicide, Homicide~~

71

Reported by C. N. Dillon

Address D. P. Creek Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full — Certificate of Death

Cordelia A Stewart

Died at Town: Brunswick — County: Frederick — MARYLAND

Date 189 — Month: April — Day: 12 — Age: Y. 48 M. D. — Native of: America — Occupation: Housewife

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ / Widow / Widower / ~~Divorced~~ — Number of children living: 6

Husband / Wife of: William R Stewart

Father's Name: John L. Rockwell — Mother's Name: M Hall

Cause of Death — Primary: Tuberculosis 2 or 3 yrs. — How long sick

Immediate: Heart failure — ~~Accident, Suicide, Homicide~~

Reported by: A. G. Devine M D

Address: Brunswick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68068

Received 4 12 99
6.75 Dm

Name in Full Nellie Grace Swartly

Certificate of Death

Died at Town Brunswick County Frederick MARYLAND

Date 189 9 Month April Day 15 Age M. 5 D. Native of American Occupation None

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living 7

Husband of Wife

Father's Name Jerome Swartly Mother's Name Anna Rhoer

Causes of Death Primary Marasmus 82 How long sick 4 1/2 month

Immediate ~~Accident, Suicide, Homicide~~

Reported by A G Horine M D

Address Brunswick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Received 4.15-94

9 P.M

Name in Full Helen Taylor — Certificate of Death

Town New Market — County Frederick — MARYLAND

Died at

Date 189 9 — Month 4 — Day 30 — Age Y. 42 M. D. — Native of U.S. — Occupation Housewife

~~Male~~ Female — White ~~Colored~~ — Married ~~Single~~ — ~~Widow~~ Widower — ~~Divorced~~ — Number of children living 2

~~Husband~~ Wife of Geo W. Taylor

Father's Name John Waltz — Mother's Name Susan A Mount

Cause of Death — Primary Consumption — How long sick 18 months

Immediate Exhaustion

~~Accident, Suicide, Homicide~~

Reported by J W Downey MD

Address New Market Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966

Name In Full George Wolf.

Certificate of Death

Died at Town Caloctin Furnace County Frederick MARYLAND

Date 1894 Month April Day 11 | Age Y. 9 M. D. | Native of County | Occupation Child

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living 1

Husband of Wife

Father's Name Jesse Wolf

Mother's Name Libby Hemmaker

Cause of Death: Primary measles 5 | How long sick 3 days

Immediate Convulsions | ~~Accident, Suicide, Homicide~~

Reported by Morris H Bird MD

Address Thurmont Md.

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr Morris A Bird

of Thurmont Md

Seen by Coroner ——

of ——

Information contained in this certificate re-

ceived from A Bird

of Thurmont Md